

Affidavit Accompanying Motion for Permission to Proceed in the District court and/or on
Appeal in Forma Pauperis in ~~Habeas Corpus Cases under 28 U.S.C. Sections 2241 and~~
~~XX251X18 U.S.C.A. § 3582(c)(2) MOTION~~

United States District Court for the ~~Eastern District of Pennsylvania~~
DISTRICT OF PUERTO RICO

UNITED STATES OF AMERICA

(Plaintiff)

V.

RAMON DIAZ-ORTIZ

(Defendant(s))

CA NO. 06-1678

District Court Case No. (99-306 PG)

RECEIVED & FILED
2006 MAY 17 PM 2:52
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: Ramon Diaz Ortiz

Instructions

Complete all questions in the application and then sign it. Do not leave any blanks. If the answer to a question is "O," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 5/10/06

My issues are:

WHETHER THE DISTRICT COURT'S ERR IN DENIED APPELLANT MOTION
UNDER §3582(c)(2): 18 U.S.C.A., FOR MODIFICATION OF SENTENCE?

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during During the past 12 months	Amount expected Next month
	You	You
Employment	\$ <u>N/A</u>	\$ <u>N/A</u>
Self-employment	\$ <u>N/A</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ <u>N/A</u>
Interest and Dividends	\$ <u>N/A</u>	\$ <u>N/A</u>
Gifts	\$ <u>XXX100.00</u>	\$ <u>N/A</u>
Alimony	\$ <u>N/A</u>	\$ <u>N/A</u>
Child Support	\$ <u>N/A</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ <u>N/A</u>
(Unemployment payments)	\$ <u>N/A</u>	\$ <u>N/A</u>
Public Assistance (such as welfare)	\$ <u>N/A</u>	\$ <u>N/A</u>
Other specify):	\$ <u>N/A</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>N/A</u>	\$ <u>N/A</u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A	N/A	N/A	N/A
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A	N/A	N/A	N/A
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. How much cash do you and your spouse have?

\$ N/A

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of account	Amount you have	Amount your spouse Has
N/A	N/A	N/A	N/A
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other estate	Real (Value)
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N/A	N/A	
_____	_____	
_____	_____	
_____	_____	

Motor Vehicle #1

Value N/A

Make & Year N/A

Model: N/A

Registration #: N/A

Motor vehicle #2

Value N/A

Make & year: N/A

Model: N/A

Registration # N/A

Other Assets

N/A

Value of other assets

N/A

6. State every person, business, or organization owing your or your spouse money, and the amount owed.

Person owing you or your Spouse money	Amount owed to you	Amount owed to your spouse
--	--------------------	----------------------------

N/A	N/A	N/A
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
N/A	N/A	N/A
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate:

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>N/A</u>	\$ <u>N/A</u>
Are real-estate taxes included?	Yes <u>N/A</u>	No <u>N/A</u>
Is property insurance included:	Yes <u>N/A</u>	No <u>N/A</u>
Utilities (electricity, heating fuel, water, sewer and Telephone)	\$ <u>N/A</u>	\$ <u>N/A</u>
Home maintenance (repairs & upkeep)	\$ <u>N/A</u>	\$ <u>N/A</u>
Food	\$ <u>75.00</u>	\$ <u>N/A</u>
Clothing	\$ <u>N/A</u>	\$ <u>N/A</u>
Laundry & Dry-Cleaning	\$ <u>15.00</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>N/A</u>	\$ <u>N/A</u>
Transportation (not including motor vehicle payments)	\$ <u>N/A</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers magazines, etc.	\$ <u>N/A</u>	\$ <u>N/A</u>
Insurance, not deducted from wages or included in Mortgage payments)	\$ <u>N/A</u>	\$ <u>N/A</u>
Homeowner's or renter's		
Life	\$ <u>N/A</u>	\$ <u>N/A</u>
Health	\$ <u>N/A</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>N/A</u>	\$ <u>N/A</u>
Other:	\$ <u>N/A</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments) (specify):		
Installment payments	\$ <u>N/A</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>N/A</u>	\$ <u>N/A</u>
Credit card	\$ <u>N/A</u>	\$ <u>N/A</u>
(Name)		
Department store (Name):	\$ <u>N/A</u>	\$ <u>N/A</u>
Other	\$ <u>N/A</u>	\$ <u>N/A</u>
Alimony, maintenance, and support		
Paid to others	\$ <u>N/A</u>	\$ <u>N/A</u>
Regular expenses for operation of	\$ <u>N/A</u>	\$ <u>N/A</u>

business, profession, or farm (attach detailed statement)

\$ N/A

\$ N/A

TOTAL MONTHLY EXPENSES:

\$ 90.00

\$ N/A

9. Do you expect any major changes in your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes ☐ No ☒ N/A If yes, describe on an attached sheet.

10. Have you paid or will you be paying an attorney any money for services in connection with this case, including the completion of this form? Yes ☒ No ☐
If yes, state the attorney's name, address, and telephone number:

JAILHOUSE LAWYER

11. Have you paid - or will you be paying- anyone other than an attorney (such as a paralegal or typist) any money for services in connection with this case, including the completion of this form?

Yes ☒ No ☐

If yes, how much? \$ 50.00

If yes, state the person's name, address, and telephone number:

JAILHOUSE LAWYER

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

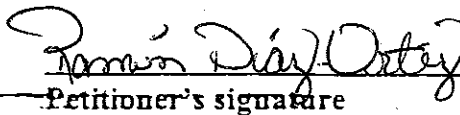
BECAUSE I AM INCARCERATE AND I INDIGENT

13. State the address of your legal residence.

U.S.P. Canaan, P.O.BOX 300, Waymart, Pa. 18472

Your daytime phone number: N/A
Your age: 32 Your years of schooling: 9th GR
Your Social Security number: 583-77-9486

I declare under the penalty of perjury that the foregoing is true and correct:


Petitioner's signature

Executed on 5/10/06
(DATE)

CERTIFICATE OF SERVICE

The undersigned Appellant hereby certifies that a true and correct copy of the foregoing document has been served upon to the person below, by placing same first class U.S. Mail postage prepaid properly addressed on this 10 days of May 2006, to:

Sonia I. Torres-Pabon
Assistant U.S. Attorney
Torres Chardon, Ste. 1201
350 Carlos Chardon Ave.
San Juan, PR 00918

Sincerely,



Ramon Diaz-Ortiz

ID#: 14035014

U.S.P. Canaan

P.O.BOX 300

Waymart, Pa. 18472

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. 28 U.S.C.A. § 1746. I FURTHER CERTIFY THAT THE FOREGOING DOCUMENT WAS PERSONALLY DELIVERY TO THE INSTITUTION (U.S.P. CANAAN) MAIL ROOM STAFF ON THIS 10 DAYS OF MAY 2006, TO BE FORWARD TO THE COURT OF APPEALS FOR THE FIRST CIRCUIT AND OPPOSING PARTY .